FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

21-49879

OMB APPROVAL
OMB Number: 3235-0076
Expires: November 30, 2001
Estimated average burden
Hours per response 16.00

SEC USE ONLY						
Prefix		Serial				
	DATE RI	ECEIVED				
1	l	ì				

					
Name of Offering (check if this is an amend	ment and name has	changed, and indicate cl	hange.)		
Avisena, Inc. Common Stock Offering					
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	□ Rule 506	Section 4(6)	ULOE
Type of Filing: New Filing	Amendment				
zype or z ming.	Elitorianioni				
					DOMMERCE
	A. BASIC ID	ENTIFICATION DA	ATA		PROCESSEL
1. Enter the information requested about the issuer				-1	11011 1 1 0000
•				ļ	NOV 1 3 2002
Name of Issuer (check if this is an amend	ment and name ha	s changed, and indicate c	change.)		
Avisena, Inc.					THOMSON
Address of Executive Offices	(Number and Stre	et, City, State, Zip Code) Teleph	one Number (Includ	In FINANCIAL
3191 Coral Way, Suite 510, Miami, Florida 33145	(, , ,,,	(305)/4	146-8599	TINANUIAL
Address of Principal Business Operations	Number and Stre	et, City, State, Zip Code		ione Number (Includ	ling Area Code)
(if different from Executive Offices)	(Number and Suc	et, City, State, Zip Code,		ione (moisi	ing ratea code)
(II different from Executive Offices)			A POEC	EIVED	
Brief Description of Business			ECI LEC	EIVED 100	
Healthcare Service Provider			/ /	16.1	
Type of Business Organization			CONTRACT	5 2002	
☑ corporation	1	☐ limited partnership,	already formed		ther (please specify)
			4.00		ner (picase specify)
☐ business tru	ıst	☐ limited partnership,	to be formed		
		Month	Year Vear	80/8/	
A stud on Estimated Data of Incomparation on Occasional	·	0 5 (0 1 🔊	A afrai	□ Patimated
Actual or Estimated Date of Incorporation or Organizati				A efual	☐ Estimated
Jurisdiction of Incorporation or Organization:	•	U.S. Postal Service abbr			F L
	CN for Canada;	FN for other foreign juris	sdiction)		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter	■ Beneficial Owner	■ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Recio, Francisco				
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)		
3191 Coral Way, Suite 510, Miami, FL 3314	15			
Check Box(es) that Apply: ☐ Promoter	Beneficial Owner	■ Executive Officer	□ Director	☐ General and/or Managing Partner
, ,				
Full Name (Last name first, if individual)				
Santalo, Alberto				
Business or Residence Address	(Number and Street, City	y, State, Zip Code)		
2101 G1 W C % 510 M	15			
3191 Coral Way, Suite 510, Miami, FL 3314 Check Box(es) that Apply: Promoter	Beneficial Owner	■ Executive Officer	□ Director	☐ General and/or Managing Partner
Check Box(es) that ripply.	☑ Denencial Owner	A LACCULIVE Officer	Z Director	General and of Managing Laudel
Full Name (Last name first, if individual)				
Sardinas, Benjamin				
Business or Residence Address	(Number and Street, City	y, State, Zip Code)		
3191 Coral Way, Suite 310, Miami, FL 3314	15			
Check Box(es) that Apply: Promoter	■ Beneficial Owner	■ Executive Officer		☐ General and/or Managing Partner
				_ 0
Full Name (Last name first, if individual)				
Pique, Santiago G.				
Business or Residence Address	(Number and Street, City	y, State, Zip Code)		
2101 Carol Way Suita 210 Miami El 221/	15			
3191 Coral Way, Suite 310, Miami, FL 3314 Check Box(es) that Apply: Promoter	☐ Beneficial Owner	□ Executive Officer	□ Director	☐ General and/or Managing Partner
				
Full Name (Last name first, if individual)				
Business or Residence Address	(Number and Street, City	y, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter	□ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
D. ' D. 'days Address	(Number and Street, City	V State 7 in Code)		
Business or Residence Address	(Number and Succe, Cit.	y, since, zip code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	□ Executive Officer	□ Director	☐ General and/or Managing Partner
Check Box(es) that Apply: □ Promoter	a pelicheral Owlief	- BACCULIVE OFFICE	Director	Donoral allow invaling in a their
Full Name (Last name first, if individual)				
Business or Residence Address	(Number and Street, City	y, State, Zip Code)		
	(Use blank sheet, or copy and u	se additional copies of this shee	t, as necessary.)	

		Probability (Miles			B. INF	ORMATI	ON ABO	UT OFFE	RING	gagaga garan ayan ayan Garan ayan ayan ayan ayan ayan ayan ayan			(Company	1 you Free 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes 🗷	No			
	Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?											\$1,0			
3.	Does the offering permit joint ownership of a single unit?									Yes ⊭	No			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. None														
Full Na N/A	me (Last na	ime first, if	individual)											
	s or Reside	nce Addres	S	(Number	r and Street	, City, State	, Zip Code)	 -						
	64	4 D -1-	Desta											
Name o	I Associate	d Broker or	· Dealer											
States in	Which Pe	rson Listed	Has Solicit	ed or Intend	ls to Solicit	Purchasers								
(Check	"All States	" or check i	ndividual S	tates)									□ All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[КҮ] [NЛ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	me (Last na	ıme first, if	individual)							**************************************				
Busines	s or Reside	nce Addres	S	(Number	r and Street,	, City, State	, Zip Code)			· · · · · · · · · · · · · · · · · · ·				
Name o	f Associate	d Broker or	Dealer							**********	*****	/		
		d Diokei oi	Dealer									2.02.112		
States in	Which Pe	rson Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers								
(Check	"All States"	or check i	ndividual S	tates)									□ All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS] [NH]	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[TN]	[NJ] [TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	me (Last na	me first, if	individual)											
Busines	s or Reside	nce Addres	<u> </u>	(Number	r and Street,	City, State	, Zip Code)							
Name o	f Associate	d Broker or	Dealer						· •			·		
						-,							, ·	
States in	Which Pe	rson Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers								
(Check '	"All States"	or check is											□ All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IN]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[NE] [SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[NC]	[WA]	[WV]	[WI]	[WY]	[PR]		
• •						- •						- -		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	if ans	the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" swer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the nns below the amounts of the securities offered for exchange and already exchanged.					
	Туре	of Security	Aggregate Offering Price	:	Amount Already Sold		
	Debt		\$	0	\$	0	
	Equit	ıy	\$ 270,00	00	\$	187,200	
		☑ Common ☐ Preferred					
		rertible Securities (including warrants)	\$	0	\$	0	
		ership Interests	\$	0	\$	0	
		r (Units consisting of 1 share of Series A Convertible Preferred Stock and 1 Common Stock Purchase Warrant for each 4 shares of preferred stock purchased)	\$	0	\$	0	
		Total	\$ 270,00	0	\$	187,200	
		Answer also in Appendix, Column 3, if filing under ULOE.					
2.	aggre have	the number of accredited and non-accredited investors who have purchased securities in this offering and the egate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer one" or "zero."					
			Nivers by any Transport		Aı	egate Dollar mount of	
			Number Investo	rs	Pi	urchases	
	Accre	edited Investors		9	\$	161,000	
	Non-	accredited Investors		2	\$	26,200 0	
	11011			•	•	•	
		Total (for filings under Rule 504 only)		0	\$	0	
3.	issue offeri	s filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the r, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this ing. Classify securities by type listed in Part C – Question 1.	Type of Security		Dolla	ar Amount Sold	
		505	N/A		\$		
					•		
		lation A	N/A		\$		
	Rule	504	N/A		\$		
4.	a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	N/A		\$		
		Transfer Agent's Fees			\$	0	
		Printing and Engraving Costs			<u> </u>	100	
		Legal Fees		_	<u> </u>	1,500	
		Accounting Fees		_	<u></u> -	0	
		Engineering Fees		_	<u> </u>	0	
		Sales Commissions (specify finders' fees separately)		_	<u></u> \$	0	
		Other Expenses (identify)		_	<u></u>	0	
		Total		_	<u></u> \$	1,600	
		A V					

	b.	total expenses furnished in response to Part	offering price given in response to Part C – Question 1 and C – Question 4. a. This difference is the "adjusted gross			\$	185,600
5.	the p	urposes shown. If the amount for any purpose	oceeds to the issuer used or proposed to be used for each of is not known, furnish an estimate and check the box to the ed must equal the adjusted gross proceeds to the issuer set				
	101111	in response to 1 art C – Question 4. b. above.		Payment Officers, Dire & Affiliat	ctors,		nents To
	Salar	ies and fees		□\$		□\$	
	Purc	nase of real estate		□\$		□\$	
	Purc	hase, rental or leasing and installation of machi-	nery and equipment	□\$		□\$	
			ties (Office Expansion)			□\$	
			e of securities involved in this offering that may be used in				
			er pursuant to a merger)	□\$		□\$	0
	Repa	yment of indebtedness		□\$		□\$	
	Worl	ring capital		□\$		⊠\$	185,600
	Othe	r (specify):					
				□\$		□\$	
						□\$	
	Total	Payments Listed (column totals added)		□\$	0	⊠\$	185,600
			D. FEDERAL SIGNATURE				
	signa	ture constitutes an undertaking by the issuer	d by the undersigned duly authorized person. If this notice to furnish to the U.S. Securities and Exchange Commission edited investor pursuant to paragraph (b)(2) of Rule 502.				
		t or Type)	Signature		Date		
	ena, In		Til 68: Din Tro		Oct	ober 22,	2002
		gner(Print or Type) Piqué	Title of Signer (Print or Type) Chief Financial Officer				
							

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)